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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/538,545
	FIRing Date	8/20/2004
	First Named Inventor	Salvedori, Larry, et al.
	Title	SURGICAL INSTRUMENT
	Art Unit	Unkhawn
	Examiner Name	To Be Osterminad
	Attorney Docket Museley	S 95/00 LISE /43

I hereby revoke all previous powers of attorney given in the above-identified application.								
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Practitioners associated with the Customer Number:								
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Elizabeth A	. O'Brien, l	Reg. No. 46,128	Ed	lward	S. Jarmol	owicz.	Reg. 47.	238
Don Webbe	r, Reg. No	. 34,275			Facisze			
Douglas E,	Deutspidet	, Reg. No. 31,752						
William Dec	, Reg. No.	46,657				• • • •		
as my/our attorney(s Trademark Office or) or agent(onected th	 s) to prosecute the application is ensuing. 	identified above	, and to t	rensect all busin	ess in the l	Jnited States Pa	tent and
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Assignee of record of the entire interest. See 37 CFR 3,71,								
Statement under 37 CFR 3.73(b) is enclosed, (Form PTC/SB/96) SIGNATURE of Applicant of Assignee of Record								
Signature Carto 10/18/05								
Name C	Larry S	alvedori			· · · · · · · · · · · · · · · · · · ·	Telephone	619-250-	XXX2
Title and Company Tyco Heatilhoans Group LP								
NOTE: Signatures of all the inventors or assigness of record of the online interest or their representative(s) are required. Subtritt multiple forms if more than one signature is required, are below.								
*Total of Roms are submitted.								

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/536,545
	Filing Date	8/20/2004
	First Named Inventor	Salvadori, Larry, et al.
	Title	SURGICAL INSTRUMENT
	Art Unit	Unknown
	Examiner Name	To Be Determined

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I hereby revoke all previo	us powers of attorney gi	ven in the ab	ove-ide	ntified app	olication.		
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OR	į						1
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	Name/Reg. No.		Na	ne /Regi	stration Numbe	f	
Elizebeth A. O'Brien, F	teg. No. 46,12B	Edw	ard S	. Jarmo	lowicz. 1	Reg. 47,238	
Don Webber, Reg. No.	. 94,275			•		g. 36,131	-
Douglas E. Denninger	Reg. No. 31,752						
William Dee, Reg. No.	46,657						
as my/our attorney(s) or agent(s) Trademark Office connected the	s) to prosecute the application erewith.	identified above	, and to t	ransact all bi	usiness in the L	Julied States Pater	rl end
OR	e correspondence address for out of with the above-mentioned Correction of the corre			cation to:			
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FIGNATURE of Applicant or Assignoe of Record							
Signature I an Go	2 /00-			***************************************	Date	10-24-	22-
Name Lee Gour V Title and Company Tyco Healthcare Group LP							
NOTE: Signatures of all the inventors or assignace of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithm to required, see below.							

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	Application Number	10/536,545	
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS.	Filing Date	8/20/2004	
	First Named Inventor	Salvadori, Larry, et al.	
	Title	SURGICAL INSTRUMENT	
	Art Unit	Unknown	
INDICATION FORM	Evaminer Name	T- Be Determined	

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I hereby revoke all previous powers of attorney given in the above-identified application.						
hereby appoint:						
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OR	_			_		
Precitioner(s) n	amed below:					
	Name/Reg. No.	Na	me/ Registration Nu	imber		
Elizabeth A. C	D'Brien, Reg. No. 46,128	Edward S	. Jarmolowic:	z, Reg. 47,238		
Don Webber.	Reg. No. 34.275		Faciszewski,			
Douglas E. D	enninger, Reg. No. 31,752					
William Dee,	Reg. No. 46,657					
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Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number:						
Firm or Individual	Name Tyco Healthcare Group LP					
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Country	United States of America					
Telephone	(508) 261-8000	Email	iplegal@tycchealtho	care.com		
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature	Marker 21/	Kentra	Date	11/3/05		
Name	Martin W. Kerber		Telepi	hone 386-738-8372		
Title and Company Dir. of Engineering Tyco Healthcare Group LP						
NOTE: Signatures of all the inventors or assignate of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of	forms are submitted	•••				

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